

Libby Community Advisory Group

Meeting Summary

November 1, 2000

Introductions

Gerald Mueller and Libby Community Advisory Group (CAG) members present introduced themselves. A list of the members in attendance is attached below as Appendix 1.

Agenda

Mr. Mueller reviewed an agenda for this meeting including the following topics:

- Agency reports
 - ATSDR
 - DPHHS
 - St. John's Lutheran Hospital
 - EPA
 - County
- TOSC Presentation
- Public Comment

ATSDR Report

Medical Screening Program Participation

Sharon Campolucci reported on the participation in the medical screening program. As of October 26, 6415 appointments had been scheduled and 90% of them kept so that 5,791 people had been screened. As of October 31, 5,939 people had been screened. Also, as of last week, in Elko, Nevada, 93 appointments had been made, resulting in 70 people being screened. The monthly breakdown of appointments made and kept was:

Month	Number of Appointments	Number of People Screened
July	1,705	1,542
August	2,401	2,184
September	1,223	1,063
October	1,086	1,002

The advertisements that the first round of screening would end on October 20 did result in additional people making appointments. The week by week totals of additional appointments after the advertisements began was:

Week	Additional Appointments Scheduled
October 1	133
October 8	253

After October 20, another 104 people called the 1-800 number to complete the eligibility screening interview. These will be completed during November.

PRELIMINARY ANALYSIS OF INFORMATION FROM MEDICAL TESTING PROGRAM

Dr. Jeff Lybarger reported on the preliminary analysis of the data from the medical testing program. He emphasized that this analysis reflects only partial results, that the numbers may change as results from more participants are added to the database, and that it is too early to draw firm conclusions. A written report summarizing some of the initial screening results should be available by mid-winter.

Preliminary Analysis of Questionnaire Data

As of October 19, 49% of the 5,497 people completing questionnaires were men and 51% women. The age distribution of those completing the questionnaires was:

Age Category	Percent of the Total
17 or younger	9
18 - 44	32
45 - 64	42
65 or older	17

The number of people in this sample who had work-related exposure to vermiculite was 668, including 300 people who were W.R. Grace employees. The number of people in the households of former workers was 1,085. Another 3,743 lived, worked, or played in Libby for at least six months prior to 1970. Of the 5,497 sample total, 65% had Libby postal zip codes.

Preliminary Analysis of X-Ray Data

Each participant that received x-rays had three films taken - one front to back view and two side views (one left and one right). X-rays were reviewed locally by Dr. Becker within a week of the participant's testing and are then reviewed by three non-local "B-readers." B-readers B-R1 and B-R2 both read the same x-rays. If these two readers disagree in their interpretation of an x-ray, then a third reader, B-R3, also reads the disputed x-ray and "breaks the tie" from an epidemiology perspective. The three B-readers are independent of each other and are located in different places.

Each of the physicians reading the x-rays completes a hard copy form that then must be data entered. The results presented are based on the number of forms that have completed the data entry process.

Dr. Becker has read x-rays for 4,220 participants and detected abnormalities in 313 or about 5 - 6% of them. Abnormal x-rays are referred to the participant's personal physician for diagnosis

and treatment. Of the abnormalities found by Dr. Becker, 125 were heart-related, 60 showed a density in the lung, and 35 detected pleural thickening. He also identified four other categories of abnormalities, each appearing in the x-rays of less than 10 participants: previous surgeries, great vessel conditions, hiatal hernias, and interstitial abnormalities.

To date, reader B-R1 has read x-rays on 1,823 participants, B-R2 has read x-rays on 1,079 participants, and B-R3 has read x-rays on 145 participants x-rays.

Out of a total sample of 429 participant's x-rays, the B-readers have found asbestos dust-related abnormalities in 9 - 10% of the cases. A breakdown of these abnormalities by type is:

Reader	Lung	Pleura	Total
B1	2	38	40
B2	14	29	43
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B3	1	4	5

Dr. Lybarger reported that CT-scan protocol now provides that CT-scans will be provided in those instances where one of the three B-readers finds a problem on the screening x-rays. This protocol has been submitted to the institutional review board for approval.

Preliminary Analysis of Pulmonary Function Test Data

Of 4646 participants whose lung function tests have been reviewed by the pulmonologist for vital capacity changes, 212 had mild changes; 78 had moderate changes, and 13 had severe changes. Twelve participants were referred for immediate evaluation by their personal physician.

Summary

Dr. Lybarger also stated that the complete, detailed analysis of the screening results will not be ready until spring or early summer. He concluded his presentation by asking for any recommendations from the CAG or public for additional analysis of the screening results.

Audience Question - Will ATSDR provide funding to continue the mental health support groups?

Answer - Paul Peronard stated that EPA expects to continue to fund the support groups.

CAG Member Question - What will be in the package that a screening participant receives from ATSDR?

Answer - Each participant will receive a letter with summary results of answers to specific questions from their interview, and summary results of their x-rays and pulmonary function test. Their designated personal physician will receive a letter including the actual x-rays, a copy of the local and B-readers interpretation of the x-rays, the results and interpretation of the pulmonary function test, and a copy of the letter sent to the participant. These materials are sent first to the physician designated by the participant on their consent form and then a week later to the screened individual. In this way, the physician may be able to answer questions about the screening results. The material will also be sent to Dr. Black if the screening participant so

designated. If the participant did not designate a personal physician, all results and forms are sent directly to the participant.

CAG Member Question - How many letters have been mailed to date?

Answer - Two mailings have been made. The first had 70 letters and the second 40 for a total of 110.

We expect the second and third mailings will have 150 letters each, and we are working towards sending 400-500 per week.

CAG Member Question - Will CT-scans be provided to people in high risk category, workers, workers' family members, and people who played in vermiculite piles, even if no abnormalities are detected on their x-rays.

Answer - No. CT-scans will be provided only to those people screened who had one out of the three B-readers detect an abnormality.

CAG Member Question - Is ATSDR aware that Dr. Whitehouse had two patients that had no abnormalities on their x-rays but reduced lung function on their pulmonary function test and were subsequently diagnosed with asbestos after a CT-scan?

Answer - Yes. We are trying to see how prevalent this situation is.

CAG Member Question - Why are you using the one-out-of-three B-reader protocol for CT-scans?

Answer - We are trying to get an estimate of how often x-rays miss an abnormality. With the protocol, we can provide CT-scans to 330 of the people screened and be 95% sure that we will not miss abnormalities.

CAG Member Comment - If my family was in the 5%, I would be upset.

Response - If the CT-scan caused no harm, then it would make sense from a health perspective to test everyone. However, CT-scans pose a health risk because of the radiation exposure. We must consider the risk that people without asbestos may be harmed by the radiation versus the number of asbestos cases that will be missed with the CT-scan. The statistical analysis of the screening sample should both identify the high risk group that would benefit from the CT-scan test and help convince Congress to continue to provide funding for additional testing including CT-scans

CAG Member Question - Who needs to ask for the funding for additional testing?

Answer - ATSDR has made the need for continued funding known. A coalition of local, EPA, Montana DPHHS, and ATSDR should support the funding request.

Dan Strausbaugh reported that ATSDR is now co-located in Libby with EPA in the Information Center. The local ATSDR telephone number is 293-2728.

Montana Department of Public Health and Human Services (DPHHS) Report

Dr. Michael Spence, Montana's State Medical Officer, reported on data on insurance coverage developed from the participants in the medical screening. Beginning the first day of testing after Labor Day, those participating in the medical screening were asked to fill out a short questionnaire about their health insurance. A total of 1,055 people responded to the questionnaire. The age distribution of the 1,055 together with the number without insurance

under 65, the age of Medicare eligibility, was:

Age Category	0-18	19-40	41-64	65 or Older
Number of people	98	276	516	165
Number without insurance	21	88	106	

Thus excluding those covered by Medicare about 24% or one out of four of the people screened have no medical insurance. Again excluding Medicare, based on data already known to DPHHS and not collected as part of this survey, of those with insurance about 20% or one out of five probably have a high deductible.

CAG Member Question - Medicare pays only 80%. Is funding available for the remaining 20%?

Answer - We are looking for program that might provide this funding.

CAG Member Comment - Our hospital cannot survive on Medicare payments alone.

Response - Libby should not lose its hospital. New funding is coming to Libby to support medical services. The Rural Outreach grant should provide \$24.9 thousand per year for three years. W.R. Grace is providing \$250 thousand per year. We are also seeking a federal designation for Libby as a medical underserved population, and a decision is expected in six months to a year. Once this designation is received, we can submit a grant request to the federal government for a medical clinic that would provide diagnosis, treatment, and prescription drugs to those who cannot afford primary care including the low-income and under-insured.

CAG Member Question - Would a such a health clinic provide services to asbestos victims?

Answer - We don't know.

Audience Question - Could the \$3.5 million federal appropriation to St. John's Hospital fund health care?

Answer - No. This money must be used for infrastructure including equipment, not for basic medical services.

St. John's Lutheran Hospital Report

Rick Palagi reported on behalf of the Hospital. He began by stating that ATSDR's basic function is to study, and that the federal and state agencies and the Hospital are doing their best to assist Libby's health needs. Mr. Palagi also stated that regarding the handling of patient information from the medical screening, the twelve local doctors supported by Dr. Black and the CARD Clinic will help you to understand the screening results. However, ATSDR will soon be sending out 400 letters per week until all 6,000 are completed. Given this volume of information, the local medical community may not be able to respond to your questions as rapidly as you may wish. Mr. Palagi also passed out copies of the Hospital's letter to Dr. Kardos regarding improvements needed to the W.R. Grace medical plan which Dr. Kardos requested at the October 12, 2000 CAG meeting. Finally, Mr. Palagi listed possible funding sources to support Libby's health care needs, including general governmental appropriations, W.R. Grace, and private philanthropy.

EPA Report

Paul Peronard reported behalf of EPA reported on the following subjects.

EPA Contractor Bankruptcy

EPA is making alternative arrangements to recover from the bankruptcy of its contractor, ISSI, and its three primary functions for EPA: payment of subcontractors for community support, maintenance of the data base, and the risk assessment. Bills from Libby people and organizations have been paid. The data base should be back on line by November 27. Urgent data needs are being handled manually. A new contractor to conduct the risk assessment is online, so the delay to assessment should be limited to two months. The next risk assessment update should be available this winter.

Cleanups

Although it may not always be Mr. Peronard, either an EPA official or a contractor should always be on-site in Libby to supervise the cleanups. Work at the screening plant site is being shut down for the winter. Trucks are transporting 45-50 thousand cubic yards of clean soil to the export site. The stock pile should be covered in two weeks. EPA is working with the Parkers on reclamation issues. Excavation of contaminated soil is underway. A buried fuel line has been encountered along with 45 - 50 cubic yards of soil contaminated with bunker C oil. About one-half of the building decontamination work has been completed, and this work should be finished by the end of November.

Air Monitoring

The air monitoring indicates that we are keeping down fiber count as a result of the cleanup activities. Copies of all air monitoring data is available at the EPA Information Center. The highest reading so far occurred at the perimeter of the screening plant. No excavation was underway, and we don't know the source. It may have come from the road.

Additional Sampling

EPA will be conducting air sampling in attics in collaboration with NIOSH which is looking at vermiculite insulation nationwide.

Finally, Mr. Peronard stated that EPA has received a complaint from an individual that EPA did not make him or her aware of available grants. A listing of every EPA grant is now available in the EPA Information Center.

Audience Member Question - When will the results of the home sampling conducted in March be available?

Answer - We hope to have the results in two months. We are working on analytical techniques.

CAG Member Question - Trucks leaving the export site are depositing mud on the bridge. Are contaminated soils leaving the site?

Answer - No. Trucks are decontaminated before leaving the site.

County Report

Ron Anderson reported on behalf of the County. The Vermiculite Insulation Registry Program

is up and running. Also, two segments of the survey conducted pursuant to the environmental grant have been completed.

TOSC Presentation

At Clinton Maynard's invitation, Kevin Mellot, Assistant Project Manager for Technical Outreach Services for Communities (TOSC) at Montana Tech addressed the CAG about the services that TOSC might be able to provide it. TOSC is headquartered at Kansas State University. Its mission is, "To empower communities with an independent understanding of underlying technical issues related to hazardous substance contamination so that they may participate substantively in the decision-making process."

TOSC's primary function is academic research; its secondary function is to support communities through technology transfer, training and outreach. TOSC is not an advocacy program. It acts to compile, present and interpret technical information to communities. It can also help to write grants. EPA can nominate a site such as Libby or a citizen group like the CAG can request its assistance.

The CAG initially decided to wait until its next meeting in December to decide whether to ask for assistance from TOSC. However, at the close of the meeting, Mr. Maynard volunteered to begin the process of requesting TOSC's service and no CAG member objected.

Governor Racicot's Letter

Gerald Mueller passed out to the CAG copies of a letter dated October 30, 2000 from Governor Racicot to William M. Corcoran, W.R. Grace Vice President, and Bill Yellowtail, EPA Regional Administrator. The letter addressed the CAG's request for the Governor's assistance in convincing W.R. Grace to provide EPA access to the screening plant area to remove asbestos-contaminated soil and to the mine to carry out cleanup activities and dispose of asbestos-contaminated soils and debris that is being removed from the area around the screening plant.

Public Comment

Jerry Hersman, owner of Rocky Mountain Music, addressed the CAG by reading an editorial he submitted to the *Montanian*. Mr. Hersman asked that the CAG seek up to \$5 million from the Federal Emergency Management Agency now and a major congressional appropriation in the spring to meet the ultimate goals of the Libby community including opening a national research and development center in Libby for the study of the causes of asbestos and of the large group of patients exposed in varying levels to asbestos.

CAG Member Comment - This is an idea that the CAG should consider.

CAG Member Comment - I already asked federal officials about such an approach and was told no.
Response - We need to collect data on the situation here first before making such a request. Through the medical screening and cleanup activities, we are collecting the data that might back up such a request.

Next Meeting

The next meeting is scheduled for Thursday, December 14, 2000 from 7 to 9:00 p.m. in the Ponderosa Room of the Libby City Hall.

Appendix 1
CAG Member Attendance List
November 1, 2000

Members	Group/Organization Represented
Sandy Wagner	Libby Resident
Ron Anderson	Lincoln County Environmental Health
David F. Latham	The Montanian
Mike Switzer	Asbestos Victim
Cyrus Lee	Kootenai Valley Head Start
Ken Hays	Lincoln County Council on Aging
Paul Peronard	EPA On-Scene Coordinator
Bob Dedrick	Asbestos Victim
George T. Bauer	City of Libby
Brad Black	Lincoln County Health
Wendy Thomi	EPA Community Involvement
Clinton Maynard	Libby Resident
Leroy Thom	Former W.R. Grace Employee
Gayla Benefield	LCAVRO
Dan Strausbaugh	Montana Representative of ATSDR
Bob Tunis	Lincoln County Environmental Development Corp.
Rick Palagi	St. Johns Lutheran Hospital
Linda Cullinson	Alternate
Sharon Campolucci	ATSDR
Dr. Jeff Lybarger	ATSDR